

Memorandum of Information in respect of Additional Supply Capability and Capacity (ASCC)

This memorandum of information ("**MOI**") dated 26th March 2007 provides further information to those organisations wishing to express an interest in services to be procured pursuant to the contract notice relating to the above which was sent to the Office for Official Publications of the European Union on 26th March 2007 (the "**OJEU Notice**"). This MOI provides necessary background in relation to the National Programme for Information Technology and sets out some of the requirements for additional supply services in more detail. It should be read in conjunction with the OJEU Notice.

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Further information

If you have any queries regarding the contents of this Memorandum or your response to the Pre-Qualification Questionnaire please contact the ASCC project team by email at ascc@nhs.net.

A question and answer document relating to this procurement may subsequently be posted on the NHS Connecting for Health (NHS CFH) or the My Tenders website.

1.0 The National Programme for IT

1.1 Vision of the future

Giving patients more choice and control over their own health and care and creating a health service “designed around the patient,” is at the heart of the Government’s vision for the National Health Service (NHS) in England.

Over the next ten years, modern computer systems, fit for the twenty-first century, will be installed in the NHS. Once the work is complete, these systems will, for the first time, connect more than 100,000 doctors, 380,000 nurses and 50,000 other health professionals in England.

This will ensure that the right information is available to the right people at the right time, with all those involved in the care of a patient having secure access to up-to-date, accurate information for diagnosis, treatment and care. It will also enable patients to have easier access to their own health and care information.

“If I live in Bradford and fall ill in Birmingham then I want the doctor treating me to have access to the information he needs to treat me”. (Rt Hon Tony Blair MP, 1998)

1.2 What is the National Programme for IT?

The National Programme for IT (NPfIT) is an ambitious ten year programme that will procure, develop and implement modern, integrated IT infrastructure and systems for all NHS organisations in England by 2010. Key elements of this integrated approach are:

- the NHS Care Records Service (NHS CRS), with an individual electronic NHS Care Record for all England’s 50+ million patients, securely accessible by both the patient and those caring for them;
- Choose and Book, an electronic booking service offering patients greater choice of hospital or clinic and more convenience in the date and time of their appointment;
- a system for the Electronic Transmission of Prescriptions (ETP), to make prescribing and dispensing safer and easier;
- a new National Network for the NHS (N3), providing IT infrastructure and broadband connectivity to meet NHS needs now and into the future;
- Picture Archiving and Communications Systems (PACS) to capture, store and distribute static and moving digital medical images;
- QMAS – the Quality Management and Analysis System giving GP practices and primary care trusts objective evidence and feedback on the care delivered to patients;
- NHS Mail (previously Contact) – a central email and directory service for the NHS.

Since 1 April 2005, the agency of the Department of Health responsible for delivering the National Programme for IT has been known as **'NHS Connecting for Health'** (the **"Authority"**).

1.3 How will the National Programme for IT enhance patient care?

The new way of storing and sharing information will allow patients to access information more easily when making decisions about their health and care. For example, they will have faster access to their record by using a secure Internet connection than is possible by requesting a paper copy.

Diagnosis and treatment will be safer and speedier, because carers will have the right information available to them at the right time, including X-rays and other medical images. These will be stored electronically so they can be easily made available at different locations. If required, they can also be forwarded to specialists for their advice.

The new technology will bring advantages over paper records and X-ray films which are still used in many parts of the NHS. They can be lost, difficult to read, or locked in a filing cabinet and inaccessible when they are needed.

Electronic records are inherently more secure than paper records and patients will be able to opt-out of having some or all of their information shared electronically. The electronic system will also record details of everyone who has accessed an individual's NHS Care Record. This is not possible with paper records.

1.4 Why do we need it?

The NHS is providing more care than ever before. The care available is becoming increasingly complex and specialised. It is often provided by teams working across a number of organisations.

Although most GP surgeries, trusts and healthcare communities already store patient information on computer systems, these systems are not linked nationally. This means health records cannot be shared easily and there is currently no national means to transfer health and care information efficiently, securely and confidentially from one NHS organisation to another.

The current situation, with thousands of disparate computer systems of variable quality and age, is simply not sustainable.

The National Programme will address these issues. It will ensure that patients and those caring for them have secure access to accurate, up-to date information. This will help the NHS to deliver the best possible service.

Only authorised NHS professionals involved in a patient's care will be able to access their record, on a 'need to know' basis and using state of the art authentication processes. Patient information will only be shared in the interests of their care and an audit trail of when, where and by whom patient records were accessed, will help to assure confidentiality.

In addition, the National Programme's IT buying power has brought down costs to deliver millions of pounds of savings for the NHS. The Programme has negotiated with its prime contractors to ensure value for money and significant cash savings over the lifetime of its contracts. It has also made estimated savings of over £100 million through direct negotiation and Enterprise Wide Arrangements with around 80 sub-contractors to the prime contractors.

1.5 What are the benefits?

1.5.1 Patients

- Patients will eventually have access to their NHS Care Record through a secure NHS gateway on the internet. This will allow them to be more informed and involved in decisions about their own care and treatment.
- The care provided will be safer, because vital information for diagnosis and treatment (such as current medication, details of previous operations, test results or allergies) will be available wherever that care is required, even outside the patient's home area.
- Patients will find it faster and easier to make hospital appointments at a time, date and place to suit them. They will be able to choose and book the appointment whilst at their GP

surgery – or later via a call centre or the internet, if they prefer to discuss it with family, carers or colleagues first.

1.5.2 Clinicians

- Clinicians will have ready access to more comprehensive, more up-to-date information to support diagnosis.
- They will be able to make more efficient referrals, gain alerts to contra-indicated therapies and significantly achieve early detection of disease outbreaks.
- The administrative burden will be significantly reduced as it will no longer be necessary to spend time chasing up referrals or missing notes.

1.5.3 The NHS

- The NHS Care Records Service will provide better intelligence on how the NHS works, and on the health of citizens, with anonymised information collected nationally. It will be easier to see if infectious diseases are spreading. The numbers will be real, in real time, not just a sample from spotter practices.
- The NHS will benefit from the National Programme for IT's negotiating power. Already, savings of over £430 million have been made through the process of direct negotiation with suppliers and subcontractors.

1.6 Implementing the National Programme for IT - NLOP

The National Programme for IT is now being implemented through the NPfIT Local Ownership Programme (NLOP) as initiated by the Chief Executive of the NHS..

NLOP aims to ensure that NPfIT and IM&T is positioned to become part of mainstream NHS business. This has been challenging in the past as a consequence of conflicting priorities for many NHS organisations. NLOP has been taking place alongside work to establish the Authority as an Agency and will provide a more formal and stable basis for the Authority and greater accountability.

NLOP is intended to meet the recommendation in the National Audit Office report on the National Programme for IT from June 2006, that the programme should ensure that "NHS organisations can and do fully play their part in implementing the programme's systems."

The shift to make SHAs more accountable for the delivery of NPfIT is included in the NHS Operating Framework. SHAs have always been responsible for implementation but there is now greater accountability on SHA Chief Executives and SHA CIOs for delivery.

The Authority will continue to have the responsibilities for which it was originally set up. These include digital policy, the national programmes and functions, standards, technical architecture and integrity, compliance testing, existing systems programme, service management and overall programme management as well as those programme functions that are common to all SHAs and management of the core contracts and relationships with suppliers, enterprise wide procurements and agreements, running existing national systems, guidance on benefits and the exploitation of IT and safeguarding patient safety through standards, processes and accreditation of IT systems, releases and upgrades.

1.7 Who is involved?

Contract	Area	Company	Duration
NHS Care Records Service – NASP	National	BT	10 years
NHS Care Records Service – LSP	North East	CSC	10 years
NHS Care Records Service – LSP	Eastern	CSC	10 years
NHS Care Records Service – LSP	London	Capital Care Alliance (BT)	10 years
NHS Care Records Service – LSP	North West & West Midlands	CSC	10 years
NHS Care Records Service – LSP	Southern	The Fujitsu Alliance	10 years
N3	National	BT	7 years
Choose and Book	National	Atos Origin	5 years
NHS Mail	National	Cable & Wireless	10 years

1.8 Original Programme Timeline

Summer 2004 – Summer 2005

- Choose and Book – first electronic booking of hospital appointments from GP surgeries
- NHS CRS – first phase sees the development of basic health record to include patient demographic information, birth and death notification, recording of allergies
- ETP – phased roll out started in 2005
- PACS – commenced roll out from summer 2004
- Email and Directory Services – new service, known as Contact, launched Autumn 2004, available to NHS staff
- GP IT system – QMAS provides timely feedback for GP practices on the quality of care delivered to their patients

Summer 2005 – Summer 2006

- NHS CRS – second phase under which health record grows to cover orders and results for diagnostic images and pathology; support for care pathways; GPs notified of emergency and out of hours encounters

2006 – 2008

- NHS CRS – third phase provides support for all doctors and nurses to help with decisions. Care at home helped by remote links to healthcare professionals anywhere in the community. Better healthcare planning also enabled by using the facts and figures held on NHS CRS
- ETP – to be fully implemented
- PACS – to be fully implemented

Up to 2010

- Final features incorporated to complete full integration between health and social care systems in England

2.0 Additional Supply Capability and Capacity Services (ASCC)

2.1 Background

Under the ASCC procurement the Authority will establish a series of IT framework contracts to provide the Authority and the procuring authorities referenced in the OJEU Notice with access to a broader based supply community necessary to continue to deliver the National Programme for IT (NPfIT) as it develops.

The existing contractual arrangements have worked well. However, the increasing size, complexity and duration of the NPfIT are such that these existing arrangements are likely to require enhanced additional capability and capacity. The Authority has reviewed the current range of services and the likely future requirements with a view to acquiring such additional supply capacity and capability to complement and support these existing contractual arrangements.

In addition, to support the ongoing business of the Authority, there may be requirements for:

- new local or national systems in support of policy decisions;
- substitution for failed performance;
- specialist knowledge and services necessary for the NHS and wider healthcare service.

2.2 Requirement

The ASCC services shall include:

- Provision for delivery of new local, regional, pan-SHA and/or national systems.
- Provision of specialist knowledge, skills and services not currently or readily available from existing NPfIT suppliers or other government catalogue services.
- Contingency to manage any inability of incumbent NPfIT suppliers to deliver in whole or part against their existing contractual obligations. This could include replacement of a NASP, LSP, or Material Sub-Contractor, provision of 'Step-In' services to an NASP or LSP, provision of management support to maintain incumbent supplier delivery, etc.
- Delivery of standardised administrative systems across the NHS and/or the provision of additional or extended clinical systems/services.
- Provision for Testing environments and related services across the NHS and wider healthcare space to meet any future requirement.

These requirements are intended to complement existing OGC frameworks, such as Catalist, as an additional procurement route for services and suppliers to the NHS. In respect of hardware and infrastructure services provision the ASCC frameworks will ensure that central monitoring can occur and that, where necessary, aggregation of multiple requests for like components can occur.

It is not intended that any ASCC awarded frameworks will conflict with existing contractual arrangements.

2.3 Lots and Operation of ASCC once Established

As set out in the OJEU Notice, ASCC has been split into four separate Lots that will enable the Authority to offer the ASCC requirements as separate contracts.

2.3.1 Lot Structure

It is intended that that each of the four Lots shall be composed of one or more Service Categories derived from the services set out in the OJEU Notice. Each of the Service Categories shall itself be composed of one or more Service Elements which shall be derived from the service functionalities set out in the OJEU Notice.

Suppliers invited to the dialogue shall be advised of the precise scope and composition of each of the Service Categories and Service Elements.

2.3.2 Frameworks and their operation

A framework contract comprises a number of pre-negotiated terms and conditions which enable the Authority to run a further competition amongst a number of successful framework suppliers for a specific requirement contained under the particular framework lot. During such a competition any specific terms and conditions associated with the requirement would be fully defined to reflect the specific requirements.

As a successful framework supplier, you will have gained the entitlement to compete for future work that may be awarded under the framework contracts.

The ASCC framework will cater for National suppliers and Specialist SME suppliers on separate National and Specialist SME lists. The Authority may compete any future requirements on either or both lists.

2.4 National and Specialist SME Supplier distinction

The Authority is keen to see bids from any organisation that believes it can provide the type of services outlined in the OJEU notice. i.e. as wide a range of the supplier community (both health and IT) as possible. Current NHS and NPfIT service providers will be able to bid if they choose to.

In order to ensure this plurality of supply and encourage the participation of small to medium enterprises within ASCC, the Authority intends to establish two lists of Bidders for each of the Lots:

- National Bidders
- Specialist SME Bidders

The National and Specialist SME Lists will be established by the financial thresholds which apply in respect of each Lot and which are set out in the OJEU Notice.

A National Bidder shall be a bidder who following the PQQ evaluation has demonstrated their capability and capacity to deliver services for that Lot at a national level.

A Specialist SME Bidder shall be a bidder who following the PQQ evaluation has demonstrated their capability and capacity to deliver services for that Lot but not at a national level.

Glossary of Terms

TERM/ACRONYM	MEANING
ASCC Project	Additional Supply Capability and Capacity Project. The project initiated to manage the award of framework contracts for additional supply capability and capacity services. The project is part of the NPfIT.
Catalist	Catalist is a suite of Framework Agreements that OGC Buying Solutions has established to provide Public Sector organisations with the means of procuring a wide range of goods and services.
Cluster	A regionally based collection of Strategic Health Authorities – see full description within the body of this document.
Electronic Booking	The Electronic Booking programme will deliver an electronic service that allows patients, in partnership with health professionals, to book appointments with clinicians at the most appropriate time and place for them, within the context of some local rules.
ETP	Electronic Transmission of Prescriptions: the ETP programme will deliver a service that will allow prescriptions to be generated by GPs (and other primary care prescribers) and then transferred between prescriber, community pharmacist and the Prescription Pricing Authority. The electronic prescription and supply data generated by the system will form a critical part of each individual's care record.
IM&T	Information Management and Technology.
LSP	Local Service Providers are responsible for the delivery of a full range of IT services in a Cluster of Strategic Health Authorities. These are grouped into five areas to align with SHA boundaries and are fully described within the body of this document.
N3	N3 is the name given to the new national network.
NASP	National Application Service Providers are responsible for delivery of core national applications such as the national element of the NHS Care Records Service and the Electronic Booking Service.
NHS CFH	NHS Connecting for Health, an agency of the Department for Health (the Authority).
NHS CRS	NHS Care Records Service: an electronic record management service that allows care professionals secure access to an individual's NHS Care Record 24 hours a day, seven days a week, whether they work in GP practices, hospitals, community health or social services.
NLOP	NPfIT Local Ownership Programme which aims to ensure that NPfIT and IM&T is positioned to become part of mainstream NHS Business.
NPfIT	National Programme for Information Technology.
OGC	Office of Government Commerce.

OJEU	Official Journal of the European Union.
PACS	Picture Archiving and Communications Systems to capture, store and distribute static and moving digital medical images.
PQQ	Pre Qualification Questionnaire.
QMAS	Quality Management and Analysis System giving GP practices and primary care trusts objective evidence and feedback on the care delivered to patients.
SME	Small to Medium Enterprise.
SHA	Strategic Health Authority.
TESP	Testing Environment Service Provider.